



LEAP APPLICATION FORM

(Program Year is November 1st – April 30th)

COMPLETE
ALL 4
PAGES

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL YOUR COUNTY HUMAN SERVICES DEPARTMENT.

FOR COUNTY USE ONLY

	County	HOUSEHOLD NUMBER Basic						Suffix	
	CASE Reg. Adv. Exped.	PAYMENT METHOD Client Vendor				TECHNICIAN NUMBER			
DATE RECEIVED									

1. APPLICANT

LAST NAME		FIRST NAME		MIDDLE NAME		MAIDEN OR PREVIOUS NAME		
ADDRESS OF RESIDENCE						CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)						CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		TELEPHONE OR MESSAGE NUMBER		DATE OF BIRTH		IN WHICH COUNTY DO YOU LIVE?		

2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. “**YOUR HOUSEHOLD**” MEANS YOURSELF AND THE PEOPLE WHO LIVE WITH YOU FOR WHOM YOU HAVE FINANCIAL RESPONSIBILITY. LIST ROOMMATES OR MEMBERS OF OTHER FAMILIES THAT MAY BE LIVING WITH YOU IN #3.

NAME (List yourself and all household members)	RELATIONSHIP TO YOU	DATE OF BIRTH	SOCIAL SECURITY NUMBER	AGE	SEX	PLACE OF BIRTH	DO YOU HAVE INCOME?		ARE YOU A US CITIZEN?		*ARE YOU A REGIS- TERED ALIEN?	
							YES	NO	YES	NO	YES	NO
	SELF											

*IF YOU OR MEMBERS OF YOUR HOUSEHOLD ARE A REGISTERED ALIEN, PLEASE ATTACH A PHOTO COPY (FRONT & BACK) OF THE ALIEN REGISTRATION CARD(S) TO THE APPLICATION.

3. DOES ANYONE ELSE LIVE AT THIS ADDRESS? ☐ YES ☐ NO

IF “YES”, HOW MANY? _____ PLEASE LIST THE NAMES BELOW.

NAME	RELATIONSHIP TO YOU	AGE

● 4. HOUSEHOLD INCOME

A. DOES ANYONE IN YOUR HOUSEHOLD HAVE WORK INCOME? ☐ YES ☐ NO

WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	EMPLOYER	ADDRESS

STOP:
ATTACH ALL PAY STUBS FOR LAST MONTH FOR **ALL** HOUSEHOLD MEMBERS

B. DOES ANYONE IN YOUR HOUSEHOLD HAVE SELF-EMPLOYMENT INCOME? (INCLUDES BABY-SITTING, RECYCLING, ETC.) ☐ YES ☐ NO

WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	EMPLOYER	ADDRESS

ATTACH PROOF OF SELF EMPLOYMENT PROFIT & LOSS STATEMENT FOR LAST MONTH

C. DOES ANYONE IN YOUR HOUSEHOLD HAVE NON-WORK INCOME? ☐ YES ☐ NO

IF YES, PLEASE CHECK (✓) BELOW.	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT
<input type="checkbox"/> Supplemental Security Income (SSI)			
<input type="checkbox"/> Colorado Works / TANF			
<input type="checkbox"/> Old Age Pension (OAP)			
<input type="checkbox"/> Aid to Needy Disabled (AND) / Aid to the Blind (AB)			
<input type="checkbox"/> Social Security—claim #			
<input type="checkbox"/> Child Support (FSR#:)			
<input type="checkbox"/> Alimony/Spousal maintenance			
<input type="checkbox"/> Veteran's benefits—claim #			
<input type="checkbox"/> Unemployment Compensation			
<input type="checkbox"/> Workers Compensation / Disability or Sick Benefits			
<input type="checkbox"/> Pensions or Retirement Income			
<input type="checkbox"/> Any other income, explain:			

ATTACH PROOF OF ALL GROSS INCOME FOR LAST MONTH FOR ALL HOUSEHOLD MEMBERS

D. Did you pay your expenses by a loan last month or a gift from a friend or relative? ☐ YES ☐ NO **IF YES, provide a loan repayment schedule.**

If a loan, what date did you receive the money? _____ How much is the total loan? _____

What date do you begin repaying the loan? _____ How much money per month? _____

If a gift(s) from a friend or relative, what date did you receive the money? _____ How much was the gift? _____

E. EXPLAIN HOW YOU ARE PAYING THE FOLLOWING COSTS, **ONLY IF YOUR HOUSEHOLD INCOME DOES NOT COVER YOUR BASIC LIVING EXPENSES.**

Rent _____

Utilities _____

Food _____

Other _____

● 5. LIVING ARRANGEMENTS

Do you live in subsidized, low income housing (section 8, senior citizen apartments, public housing, etc.)? ☐ YES ☐ NO

CHECK (✓) THE ITEM THAT BEST DESCRIBES WHERE YOU LIVE.

- | | | |
|--|---|---|
| <input type="checkbox"/> House | <input type="checkbox"/> RV | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex / Triplex / Fourplex | <input type="checkbox"/> Van / Car | <input type="checkbox"/> Fraternity / Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming / Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment / Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home / Residential Care Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Rent or mortgage payment: Rent: \$ _____ Mortgage: \$ _____ Space/Lot Rent: \$ _____

What is the name and phone number of your apartment complex? _____

● 6. HEAT / RENT INFORMATION

CHECK (✓) THE **MAIN FUEL USED TO HEAT (NOT LIGHT) YOUR RESIDENCE. CHECK ONLY ONE.**

☐ Natural Gas ☐ Propane ☐ Electricity ☐ Wood ☐ Coal ☐ Fuel Oil ☐ Kerosene ☐ Other: _____

CHECK (✓) THE WAY IN WHICH THE HEAT (NOT LIGHT) IS PAID FOR AT YOUR RESIDENCE.

☐ I pay heating costs directly to a utility company or fuel dealer. (If so, attach copy of most recent heating bill).

Name of fuel provider: _____ Billing account number: _____

If your heat bill is in someone else's name, provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why your heat bill is in their name: _____

☐ Heat is included in my rent. (If so, attach a copy of the most recent rent receipt that already shows heat is included.)

☐ Heat is separate from rent. (If so, attach a copy of the bill and/or statement that identifies the cost.)

☐ Someone other than a member of my household pays my heating costs. Provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why they pay your heat bill: _____

● 7. AFFIDAVIT



AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, _____, swear or affirm under penalty of or perjury under the laws of the State of Colorado that (**check ONLY one**):

_____ I am a United States citizen, or

_____ I am a legal Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

● 8. ADDITIONAL INFORMATION

Information reported in this section will not be used to determine your eligibility for LEAP or your payment level. This information will only be used for statistical information.

CHECK (✓) THE ITEMS BELOW THAT DESCRIBE ANY MEMBER OF YOUR HOUSEHOLD:

☐ Handicapped or disabled

☐ Received LEAP last year

Race of head of household: ☐ Hispanic ☐ Other White ☐ African American ☐ Native American ☐ Asian ☐ Other

I LEARNED ABOUT LEAP FROM THE FOLLOWING SOURCE (CHECK (✓) ALL THAT APPLY):

☐ Friend

☐ Direct Mailer

☐ Billboards/Bus Benches

☐ LEAP Poster

☐ Newspaper

☐ Senior Center

☐ Heating Company

☐ Radio

☐ Television

☐ Received Application in Mail

☐ Food Stamp Office

☐ Social Services Office

☐ Other

● 9. RESPONSIBILITIES

APPLICANT RESPONSIBILITIES

READ THE FOLLOWING AND INITIAL EACH ONE

- _____ I understand that the LEAP office may require proof of any information provided in this application or subsequently reported to the LEAP office.
- _____ I am aware that failure to provide proof of lawful presence, income and heating costs will result in denial of LEAP benefits. I hereby authorize release of information concerning my LEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain heating fuel consumption information, or for weatherization purposes.
- _____ I understand that refusal to permit weatherization of my home may result in denial of LEAP benefits.
- _____ I am aware that I have the right to a county hearing and/or state appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.
- _____ I understand that my LEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heat provider or my landlord (as applicable).
- _____ I have included a readable copy of my valid picture ID and have completed, signed, and dated the Affidavit on page 3.

● 10. SIGNATURE

By signing below I understand the following:

1. If contacted by weatherization and I refuse to permit weatherization of my home may result in denial of LEAP benefits;
2. My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process; and
3. The Colorado Department of Human Services (CDHS) may use my Social Security Number to get wage data, amount of unearned income, child support case and payment disbursement records, interest income, Social Security benefits, pensions, railroad retirement, or veteran's benefits. As part of the eligibility verification process, the CDHS has my permission to contact other agencies on my behalf to establish eligibility.
4. I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.

SIGN FULL NAME BELOW

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF APPLICANT (must be same person listed in # 1, page 1)

MONTH, DAY, YEAR

– If someone helped the applicant complete this application, such person must sign below.

SIGNATURE OF HELPER

ADDRESS

PHONE #

DATE